

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr.

John

D

Jenkins

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

6723 Smallwood

Arlington Tx 76001

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 375-8561

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Miss

Tina

B.

Richardson

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2004 Thames Dr Arlington Tx 76017

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 417-0430

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

02 / 21 / 2006

04 / 11 / 2006

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

05 / 13 / 2006

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, District 2

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

N/A

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

John Darryl Jenkins

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 4,062.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,587.96

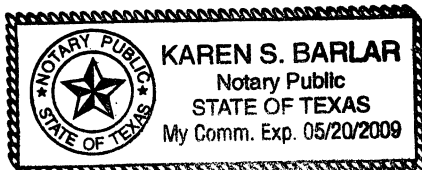
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Jenkins, this the 12th day of April, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 9	
2 FILER NAME John D. Jenkins				3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/28/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John D. Jenkins	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 6723 Smallwood Culington TX 76001					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 2/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rich Buickwood	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2300 Kathryn Ln Apt 1224 Plano TX 75025-6481					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheryl Clemons Alston	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 5663 Summer Star Ln Frisco TX 75034					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Keith Chappelle	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1009 Angie Ln, Resoto TX 75115					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fredrick + SARA Johnson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3713 Oliver Dr Ft. Worth, TX 76248					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME John D Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/5/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Natalie L. Jenkins	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3225 Turtle Creek #926			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/5/2006	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ZEB and Sheri Strong	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 25817 Socrates Dr. Grand Prairie TX 75052			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Nola Rae Smith	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2503 Marvin St. Dallas TX 75211			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Phyllis Alley	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2702 Ennis Ave Ft Worth TX 76111-3703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Dawna Ray	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5705 Doe St. Dallas TX 75245			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/5/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terry Wade-Ottley	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1047 Hampshire, Cedar Hill TX 75104			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/5/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenzie Moore III	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 Longmeadow Ct Desoto TX 75115			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yolani Kacela	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 404 Flameleaf Lane Cedar Hill TX 75104			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Babe L. Fuenals	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5616 Grassy Ridge Trail Dallas TX 75241			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rev. Wm. Dwight McKissick	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2000 Cains Lane Mansfield TX 76063			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 9	
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/25/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lauren W Allen	7 Amount of contribution (\$) 40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3528 Justin Dr Keller, Tx 76248			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nicole White White	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10004 Chadbourne Rd Keller, Tx 76248			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Callaway	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3522 Alto Ave Camarillo, TX 75007-2237			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chauquette Thomas	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2428 Forest Brook Ln Arlington, TX 76006-5048			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/25/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Theresa Williamson	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 813 Ponds Way Cedar Hill, TX 75104-7227			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <u>9</u>	
2 FILER NAME <u>John D. Jenkins</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>3/26/06</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sians WAH Lim</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>1517 Rocky Canyon Rd</u> <u>Arlington TX 76012-1709</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/23/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Moses O. Gbolabo</u>	Amount of contribution (\$) <u>200.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>P.O. Box 180396</u> <u>Arlington TX 76096-0396</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Sandra Green</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1012 Live Oak Ln</u> <u>Arlington TX 76012</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>TINA B. Richardson</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2004 Thames Dr</u> <u>Arlington TX 76017</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/06</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Dennis + Cheryl Bell</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>3906 Coulter Ct.</u> <u>Arlington TX 76016</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

John D. Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/25/06

5 Full name of contributor

☐ out-of-state PAC (ID#:

Claissa Williamson

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

813 Ponds Way, Cedar Hill TX 75704

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/25/06

Full name of contributor

☐ out-of-state PAC (ID#:

Delean and Lauren Allen

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3928 Justin Dr
Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/06

Full name of contributor

☐ out-of-state PAC (ID#:

Kosalyn Norris

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6324 Paddington Way, Antioch TN 37013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/06

Full name of contributor

☐ out-of-state PAC (ID#:

Annette Greer

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6324 Paddington Way, Antioch, TN 37013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/06

Full name of contributor

☐ out-of-state PAC (ID#:

Anita Castille

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1111 Bristol Tr
Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 9	
2 FILER NAME John D. Jenkins				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charmaine Gambrell		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 5210 Vickburg Dr. Arlington TX 76017					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		

Date 4/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elsa Cantu		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8513 Chapel Ridge Ct. Dallas TX 75249					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 4/8/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Elba Garcia		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 48 W. Jefferson Dallas TX 75208					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandra J. Wright		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 311 Mary Pat Dr Grand Prairie TX 75052					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date 4/9/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Glady's Lawson		Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1163 Evans Ave Ft Worth TX 76104					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

John Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/9/06

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Phelix Houston

7 Amount of contribution (\$)

40.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2719 Excalibur Dr
Grand Prairie TX 75052

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/9/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jacqueline V. Ockleberry

Amount of contribution (\$)

40.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

956 TENNESSEE Trail
Arlington TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

Vetta L. Webster

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1717 Novel Circle
Garland, TX 75040

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

Regina Ireland

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3318 Harbortown
Grand Prairie TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/9/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

James C + Esther Gibson

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1544 Brook Valley Ln
Dallas, TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

John Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/20/06

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Kneeland Youngblood

6 Contributor address; City; State; Zip Code

100 Crescent Ct. Ste 1740
Dallas TX 752017 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/25/06

Full name of contributor

☐ out-of-state PAC (ID# _____)

Fredrick + Sara Johnson

Contributor address; City; State; Zip Code

3713 Oliver Dr
Ft Worth TX 76248Amount of
contribution (\$)

60.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

John Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/06

5 Payee name

Sam Franklin

6 Payee address; City; State; Zip Code

321 Sweetgum
Cedar Hill, TX 75104

7 Amount (\$)

275.00

8 Purpose of payment (See instructions regarding type of information required.)

Custom Logo design, 1000 Bus.
Cards, 10 volunteer T-shirts, letterhead,
200 Promotional Pop, Acrylic Display Frame

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/4/06

Payee name

Sam Franklin

Payee address; City; State; Zip Code

321 Sweetgum
Cedar Hill, TX 75104

Amount (\$)

15.00

Purpose of payment (See instructions regarding type of information required.)

200 Custom Labels (mailing)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/29/06

Payee name

Sam Franklin

Payee address; City; State; Zip Code

321 Sweetgum
Cedar Hill, TX 75104

Amount (\$)

2,000.00

Purpose of payment (See instructions regarding type of information required.)

Campaign ~~for~~ doorhangers

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/10/06

Payee name

Tee's for Texas

Payee address; City; State; Zip Code

844-B Trent St
Kennedale TX 76060

Amount (\$)

752.34

Purpose of payment (See instructions regarding type of information required.)

(partial
pymt) 300 yard signs
300 wine stickers
2 screen setup

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME John Jenkins		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/7/06	5 Payee name Tee's for Texas	7 Amount (\$) 752.34
6 Payee address; City; State; Zip Code 844-B Trent St Kennedale Tx 76060		
8 Purpose of payment (See instructions regarding type of information required.) 300 yard signs - Final Print 300 wire stakes		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

3

2 FILER NAME

John D. Jenkins

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/19/06

5 Payee name

Register.com

6 Payee address; City; State; Zip Code

Internet web site - no physical address.

8 Amount (\$)

35.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Register Domain Name for:
"Vote John Jenkins.com"Reimbursement
from political
contributions
intended

Date

2/23/06

Payee name

U.S. Postal Service

Payee address; City; State; Zip Code

Tate Springs Postal Service
Arlington TX 76003-9558

Amount (\$)

27.00

Purpose of expenditure (See instructions regarding type of information required.)

P.O. Box for Campaign Contributions

Reimbursement
from political
contributions
intended

Date

3/3/06

Payee name

Go Daddy.com

Payee address; City; State; Zip Code

Internet web hosting w/no physical address

Amount (\$)

75.06

Purpose of expenditure (See instructions regarding type of information required.)

Web Hosting Service for interactive campaign website

Reimbursement
from political
contributions
intended

Date

3/6/06

Payee name

City of Arlington

Payee address; City; State; Zip Code

Arlington TX

Amount (\$)

11.00

Purpose of expenditure (See instructions regarding type of information required.)

2 maps + 1 Sector CD

Reimbursement
from political
contributions
intended

Date

4/7/06

Payee name

Walgreens

Payee address; City; State; Zip Code

4208 SW River Oaks Blvd
Arlington, TX 76017

Amount (\$)

10.80

Purpose of expenditure (See instructions regarding type of information required.)

Purchased 2 packs of Rubber bands for
door hangersReimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/5/06	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 2503 West I-20 Grand Prairie TX 75052 7 Purpose of expenditure (See instructions regarding type of information required.) Envelopes, Mailing Labels, Copy paper, Receipt Book Shredder + Shredder Lubricant.	8 Amount (\$) 22.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/18/06	Payee name Walgreens Payee address; City; State; Zip Code 617 W. Park Row Dr. Arlington TX Purpose of expenditure (See instructions regarding type of information required.) Rubber Bands for door hangers	Amount (\$) 5.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/3/06	Payee name Dollar General Store #07176 Payee address; City; State; Zip Code 1200 E. Pioneer Parkway Arlington, TX 76010-6410 Purpose of expenditure (See instructions regarding type of information required.) Rubber Bands for Door hangers	Amount (\$) 7.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/1/06	Payee name Dollar General Store #10438 Payee address; City; State; Zip Code 1524 East Abram Arlington TX 76010 Purpose of expenditure (See instructions regarding type of information required.) Rubber Bands for door hangers	Amount (\$) 3.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/5/06	Payee name Dollar General Store #07176 Payee address; City; State; Zip Code 1200 E. Pioneer Parkway Arlington, TX 76010-6410 Purpose of expenditure (See instructions regarding type of information required.) Rubber Bands for door hangers	Amount (\$) 6.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3
2 FILER NAME John D. Jenkins		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/8/06	5 Payee name Office Max 6 Payee address; City; State; Zip Code 4619 South Cooper Arlington, TX 76017 7 Purpose of expenditure (See instructions regarding type of information required.) Rubber bands for door hangers	8 Amount (\$) 10.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/8/06	Payee name Office MAX Payee address; City; State; Zip Code 4619 South Cooper Arlington, TX 76017 Purpose of expenditure (See instructions regarding type of information required.) Rubber Bands for doorhangers	Amount (\$) 3.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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